
A Note to the Audience

With great enthusiasm, I present the Health Resources and Services Administration's (HRSA) strategies and activities for the elimination of health disparities in the United States. The publication describes HRSA's overarching goal of 100% access to health care and 0 health disparities and outlines the Agency's new strategic direction for obtaining this goal. The document also contains detailed information about the Agency's current and future activities related to health disparities and to the Federal Department of Health and Human Services' 1998 Initiative to Eliminate Racial/Ethnic Disparities in Health.

This publication is intended for a variety of audiences and serves to increase the readers' understanding and awareness of "health disparities" and the strategies that HRSA is utilizing to eliminate the unequal burden of disease experienced by many populations. We urge those in need of quality health care to not only utilize HRSA-supported programs, but to also become an advocate for them. Community health workers and other health care providers are encouraged to join those providers who have already committed to delivering culturally competent, high quality health care at HRSA-supported programs. Aware that this battle cannot be fought by government alone, the Agency is seeking new and enhanced partnerships with public health organizations, foundations, private industry, local and state health departments, legislators, and other Federal agencies to increase the availability and impact of programs that address the needs of disadvantaged populations.

HRSA is committed to implementing strategies and activities that will eliminate the disparities in health among our Nation's vulnerable populations. We look forward to working with you in this endeavor.



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EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is a champion in the battle against health disparities in the United States. As the "Access Agency," HRSA programs historically have assured access to high quality, culturally competent health care for underserved, vulnerable, and special-needs populations. Approximately 60 - 70% of all people served by HRSA programs are people of color, and an equally high percentage are people who have incomes below 200 percent of the Federal poverty level. HRSA has a long history of serving U.S. populations that experience poor health status based on race/ethnicity, income, gender, insurance status, rural or urban geographic location, age, sexual orientation, housing status, and occupation. HRSA supports over 80 major programs with a budget of \$4.8 billion in Fiscal Year (FY) 2000 and its programs leverage funds from other sources that equal four to six times the amount invested by the Federal government.

In 1999, the Agency structured its strategic plan around the goal of "100% Access and 0 Health Disparities." HRSA-supported programs strive to eliminate health disparities by expanding health care access for vulnerable populations and implementing targeted health disparity activities that have a clinical or crosscutting focus. Such programs typically provide both health care access and targeted health disparity activities simultaneously in an integrated fashion. Consequently, both HRSA's access and targeted health disparity budgets are not exclusive of one another but instead overlap.

Promoting and expanding access to health care is a critical component of HRSA's work to eliminate health disparities. HRSA programs work to improve the health care delivery system and support health care providers that serve as the health care safety net. The Agency also promotes workforce diversity and cultural competence among health professionals. HRSA's activities that focus on promoting or expanding health care access include primary health care centers, the National Health Service Corps, HIV/AIDS programs, maternal and child health activities, health professions training, rural health programs, organ donation and transplantation initiatives, and telehealth activities. The Agency's budget for such access-related activities was 4.1 billion in FY 2000 and is expected to be approximately 4.3 billion in FY 2001.

Implementing targeted clinical or crosscutting health disparity activities is another way in which HRSA strives to eliminate health disparities. Many of the targeted health disparity activities are related to the clinical areas of focus in Healthy People 2010 and the 1998



Initiative for the Elimination of Racial/Ethnic Disparities in Health of the Federal Department of Health and Human Services (DHHS). These clinical areas are diabetes, cardiovascular disease, infant mortality, HIV/AIDS, cancer screening and management, and immunizations. Other HRSA health disparity activities focus on issues related to oral health, mental health and substance abuse, asthma, cultural competence, diversifying the health care workforce, domestic violence, health care for people living near the U.S.- Mexico border (border health), and health issues related to lesbian, gay, bisexual, or transgender populations. HRSA's total budget for these targeted health disparity activities was approximately \$2.1 billion in FY 2000. The Agency anticipates that this budget will increase to 2.3 billion in FY 2001.

For FY 2001, HRSA has adopted a new strategic direction for health disparities. It

has created an Agency-wide definition of a **health disparity: a population-specific difference in the presence of disease, health outcomes, or access to care**. HRSA also has established eight health disparity substrategies that provide the framework for the HRSA-Wide Health Disparities Initiative. Through this initiative, HRSA's operating units will continue their current activities that promote access to quality health care and eliminate health disparities. HRSA will increase the coordination of these health disparity activities by establishing an integrated, Agency-wide focus in eight areas: (1) reducing the incidence/prevalence of disease and morbidity/mortality in targeted clinical areas; (2) increasing health care utilization for underserved populations; (3) focusing on target populations; (4) diversifying the health care workforce; (5) increasing the cultural competence of the health care workforce; (6) enhancing and establishing new partnerships; (7) translating knowledge into clinical practice; and (8) enhancing data collection. Through these activities, HRSA will continue to play a pivotal role within the Federal government regarding the elimination of health disparities for all people living in the U.S.